

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 7/15/05 2 Serial/Patent # 10/530,568

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing		4-7-05	\$ 100.00
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT OF REFUND \$100.00

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 1 5 -- 0 4 6 1

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

*Fee Code Correction*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BARBARA CAMPBELL

TITLE:

SIGNATURE: BaC

PHONE: 703 308-9140

OFFICE: PCT/DO/EO

EXT 217

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Repln. Ref: 07/18/2005 BCAMPBEL 0019442000  
DAH:150461 Name/Number:10530568  
FC: 9204 \$100.00 CR

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*